

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read
Application And
Notes, If Any,
Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 050004

This is to certify that Davis Anne Marie & /n/a
has permission to Legalization of nonconforming dwelling unit / currently one unit requesting to legalize one unit to be a total of
AT 52 Ashmont St 125 H009001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is altered or closed-in. **HEAR NOTICE IS REQUIRED.**

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____

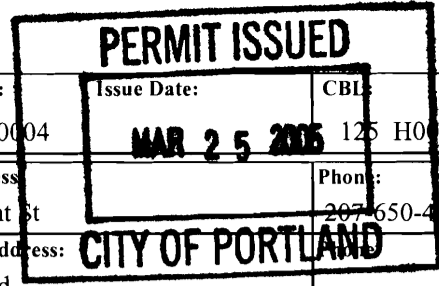
PERMIT ISSUED
MAR 25 2005
CITY OF PORTLAND

[Signature]
3/25/05
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 05-0004 Issue Date: **MAR 25 2005** CBL: 125 H009001



Location of Construction: 52 Ashmont St	Owner Name: Davis Anne Marie &	Owner Address: 52 Ashmont St	Phone: 207-650-4485
Business Name: n/a	Contractor Name: n/a	Contractor Address: n/a Portland	
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: Legalization of Non-Conforming Units	Zone: R5

Past Use: Single Family	Proposed Use: Legalization of nonconforming dwelling unit / current one unit and requesting to legalize one unit to be a total of 2 units. <i>under 14-391</i>	Permit Fee: \$375.00	Cost of Work: \$0.00	CEO District: 3
Proposed Project Description: Legalization of nonconforming dwelling unit / current one unit and requesting to legalize one unit to be a total of 2 units. <i>under 14-391</i>		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>O/A</i>	INSPECTION: Use Group: <i>R-3</i> Type: <i>S-B</i> <i>TRC 2003</i>	
		Signature:	Signature:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
		Signature:	Date:	

Permit Taken By: gg	Date Applied For: 12/30/2004	Zoning Approval		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..		Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan <i>exempting into planning</i> Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> <i>ok with conditions</i> Date: <i>3/17/05</i>	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input checked="" type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input checked="" type="checkbox"/> Approved <i>on 3/3/05</i> <input type="checkbox"/> Denied Date:	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date:

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE

01/20/05 - Checked housing code issues - a few
small items - was under construction on 2nd floor

05/05/05 - Checked plumbing - all tested OK for
plumbing.

11/16/05 OK Service OK ~~OK~~

09/27/05 Close-in OK ~~OK~~

05/02/07 - City inspection - need smokes
in 1st floor apt - Have only Battery - new use.

05/25/07, Smokes installed - OK
Jim M



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 52 Ashmont St

CBL 125 H009001

Issued to Davis Anne Marie & /n/a

Date of Issue 05/25/2007

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 05-0004, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

Two Family Residency, Use Group R-3, Type 5b, IRC 2003

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

5/25/07 *[Signature]*
(Date) Inspector

[Signature]
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation	Portland
Street Subdivision Lot #	

PROPERTY OWNERS NAME

Last: _____	First: _____
Applicant Name: _____	Mailing Address of Owner/Applicant (If Different): _____

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

Signature of Owner/Applicant: _____	Date: 4/21/05
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-2005-8137-

PORTLAND PERMIT # 9359 TOWN COPY

Date Permit issued: 4/21/05 \$ _____ If Double Fee Charged

Local Plumbing Inspector Signature: _____ L.P.I. # 0926

125 H 9

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature: _____	Date Approved: 5/5/05
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PERMIT INFORMATION

This Application is for: 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # 12080
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
OR HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock	1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	1	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
				Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

TRANSFER FEE \$6.00

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

ELECTRICAL PERMIT City of Portland, Me.

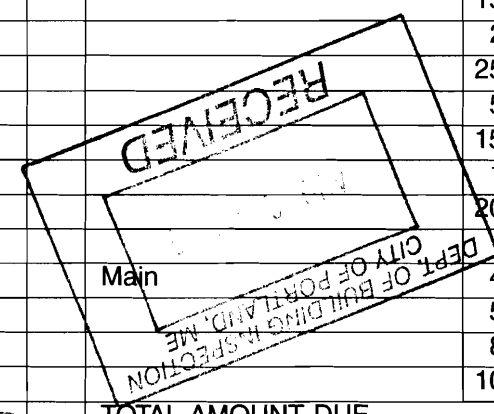


To the Chief Electrical Inspector, Portland Maine:
The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date 8.24.05
Permit # 2005-4775
CBL# DSHG

LOCATION: 52 Ashmont St 2nd Fl Apt METER MAKE & # _____
CMP ACCOUNT # _____ OWNER ARROW + ANNE DAVIS
TENANT _____ PHONE # _____

							TOTAL	EACH FEE
OUTLETS	<u>28</u>	Receptacles	<u>14</u>	Switches	<u>4</u>	Smoke Detector	.20	<u>9.20</u>
FIXTURES	<u>12</u>	Incandescent		Fluorescent		Strips	.20	<u>4</u>
SERVICES		Overhead		Underground		TTL AMPS <800	15.00	
		Overhead		Underground		>800	25.00	
Temporary Service		Overhead		Underground		TTL AMPS	25.00	
							25.00	
METERS	<u>3</u>	(number of)					1.00	<u>3</u>
MOTORS		(number of)					2.00	
RESID/COM		Electric units					1.00	
HEATING		oil/gas units		Interior		Exterior	5.00	
							5.00	
APPLIANCES		Ranges		Cook Tops		Wall Ovens	2.00	
		Insta-Hot		Water heaters		Fans	2.00	
		Dryers		Disposals		Dishwasher	2.00	
		Compactors		Spa		Washing Machine	2.00	
		Others (denote)					2.00	
	MISC. (number of)		Air Cond/win				3.00	
			Air Cond/cent			Pools	10.00	
			HVAC		EMS	Thermostat	5.00	
		Signs				10.00		
		Alarms/res				5.00		
		Alarms/com				15.00		
		Heavy Duty(CRKT)				2.00		
		Circus/Carnv				25.00		
		Alterations				5.00		
		Fire Repairs				15.00		
		E Lights				1.00		
		E Generators				20.00		
PANELS	<u>3</u>	Service		Remote		Main	4.00	<u>12</u>
TRANSFORMER		0-25 Kva					5.00	
		25-200 Kva					8.00	
		Over 200 Kva					10.00	
							10.00	
TOTAL AMOUNT DUE								<u>28.20</u>
MINIMUM FEE/COMMERCIAL <u>45.00</u>							MINIMUM FEE	35.00



CONTRACTORS NAME BERRARD CICCARDO MASTER LIC. # 03550
 ADDRESS 40-A #2 SAGE AVE LIMITED LIC. # _____
 TELEPHONE 210 ORCHARD BLDG 838 7417
 SIGNATURE OF CONTRACTOR [Signature]
 White Copy - Office • Yellow Copy - Applicant